For Office Use Only				
IV-D Number	Locate Only _	Child Support	Medical Support	

APPLICATION SUPPLEMENTAL DATA CHILD SUPPORT ENFORCMENT PART I: APPLICANT INFORMATION

Please complete the following information receive our services. The more information of the complete the following information of the complete the com	-		-
assistance completing this information	•		
notify us immediately if you have a			
current mailing address.			
,	APPLICANT IDENTIFYII	NG INFORMATIO	N
Your name			
First Middle Maiden Name Date of Birth	Last	t	Suffix
Maiden Name	Other names u	sed	
Date of Birth	Race Sex _	Social Secur	ity #
Mailing Address: Street			Zip Code
City	_ County	State	Zip Code
Physical Address: Street City			
City	_ County	State	Zip Code
Home Phone:	_ Work Phone:	May we	contact you at work?
	APPLICANT INCOME	INFORMATION	
Employer's name and addre	SS:		Income
		List all sou	urces in monthly gross amounts
		<u>Amoun</u>	t Source
		\$	
		\$	Total
Federal Benefits? Yes N	In If yes check all	Unomploymo	nt? Yes No
that apply: Social Security	VA Pailroad		Please list source and amt:
Retirement Civil Service		Other income	Flease list source and anit.
Military Retirement			
Mintary Retirement	Otrici	- 1	
LIST THE NAME(S) OF TH	E NON-CUSTODIAL PA	RENT FROM W	HOM YOU NEED SUPPORT
1		3	
2		4	
Please check the type of servic	e(s) you are requesting:	Locate only Sເ	ipport Medical
I certify that all of the information supp	-	•	•
signature on this document constitute necessary and appropriate child supp		e Child Support Enforce	ement Agency to provide
necessary and appropriate critic supp	on services on my bendin.		
	Applicar	it's Signature and I	 Date
		- J	

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA PART 2: CHILD(REN) INFORMATION

Complete the following information for each child.

Ole ! Lelle Alleres		CHILD(REN) INF	ORMATION	l .	
Child's Name	Ch	ild's Non-Custo	dial Parent	·	
First	Middle	·	Last		Suffix
Date of Birth	Race	Sex	< So	ocial Security #	· · · · · · · · · · · · · · · · · · ·
Relationship to you:	: Child C	other (specify)			
Birthplace:					
Birthplace:Ci	ty	County		State	
Where was the child	conceived? (City	/ and State)			· · · · · · · · · · · · · · · · · · ·
Was the child born oเ	ut of wedlock? \	res No			
Father named on the					
First	Middle	·	Last		Suffix
Is the father named	on the birth ce	rtificate the biol	ogical fath	er? Yes No	
Has paternity been I	legally establis	hed? Yes	No If	yes, please state wh	ere and
how: When?		Where?			
How? (check one)	By marriage _	In Court _	Volu	untary Acknowledgen	nent
Did the father sign the	e Affirmation of I	Parentage at Birt	h? Yes	No	
Have paternity/geneti	ic tests been per	rformed? Yes	No	_	
Has the father verball	ly acknowledged	d paternity? Yes _	No	To whom?	
Does this child rece	ive SSI or SSA	? Yes No			
	(CHILD(REN) INF	ORMATION	l .	
Child's Name	Ch	ild's Non-Custo	dial Parent		
First	Middle		aidi i di ciii	· 	
		;	Last	· 	Suffix
Date of Birth	Race	e Sex	Last < So	ocial Security #	Suffix
Date of Birth Relationship to you	Race : Child C	e Sex	Last < So	ocial Security #	Suffix
Birthplace:	: Child C	Sex Sex Other (specify)	Last < So	ocial Security #	Suffix
Birthplace:Ci	ty	Sex	Last < So	ocial Security #	
Birthplace:	ty	Sex	Last < So	ocial Security #	
Birthplace:Ci	ty conceived? (City	Sex	LastSc	ocial Security #	
Birthplace: Cir Where was the child of Was the child born ou Father named on the	ty conceived? (City ut of wedlock? \ e child's birth of	County and State) certificate:	Last Sc	State	
Birthplace: Ci Where was the child of the child of the child born	ty conceived? (City ut of wedlock? \ e child's birth of	County and State) certificate:	Last Sc	State	
Birthplace: Cir Where was the child of Was the child born ou Father named on the	ty conceived? (City ut of wedlock? \ e child's birth o	County y and State) Yes No certificate:	Last Sc	State	Suffix
Birthplace: Ci Where was the child of the child of the child born	ty conceived? (City ut of wedlock? \ e child's birth c	County and State) certificate the biol hed? Yes	LastSoSo	State State Per? Yes No yes, please state wh	Suffix ere and
Birthplace: Ci Where was the child of the child of the child born	ty conceived? (City ut of wedlock? \ e child's birth c	County and State) certificate the biol hed? Yes	LastSoSo	State State Per? Yes No yes, please state wh	Suffix ere and
Birthplace: Ci Where was the child of the child of the child born	ty conceived? (City ut of wedlock? \ e child's birth c	County and State) certificate the biol hed? Yes	LastSoSo	State State Per? Yes No yes, please state wh	Suffix ere and
Birthplace: Ci Where was the child of Was the child born or Father named on the First Is the father named Has paternity been Inhow: When? How? (check one) Did the father sign the	ty conceived? (City at of wedlock? \) e child's birth c	County and State) certificate: frificate the biol hed? Yes In Court Parentage at Birt	LastLast ogical fathe No IfVolu h? Yes	State State Per? Yes No yes, please state whountary Acknowledgen No	Suffix ere and
Birthplace: Ci Where was the child of Was the child born or Father named on the First Is the father named Has paternity been Inhow: When? How? (check one) Did the father sign the	ty conceived? (City at of wedlock? \) e child's birth c	County and State) certificate: frificate the biol hed? Yes In Court Parentage at Birt	LastLast ogical fathe No IfVolu h? Yes	State State Per? Yes No yes, please state whountary Acknowledgen No	Suffix ere and
Birthplace: Ci Where was the child was the child born of Father named on the First Is the father named Has paternity been I how: When? How? (check one) Did the father sign the Have paternity/geneti	ty conceived? (City at of wedlock? N e child's birth c Middle on the birth ce legally establis By marriage _ e Affirmation of I ic tests been per	County y and State) res No certificate: county y and State) res No certificate the biol hed? Yes In Court _ Parentage at Birt formed? Yes	LastLast ogical fatho No If Volu h? Yes No	State State Per? Yes No Tyes, please state who Untary Acknowledgen No	Suffix ere and nent
Birthplace: Ci Where was the child of Was the child born or Father named on the First Is the father named Has paternity been Inhow: When? How? (check one) Did the father sign the	ty conceived? (City at of wedlock?) e child's birth conthe birth ce legally establis By marriage _ e Affirmation of I ic tests been per ly acknowledged	County and State) res No certificate: counting fine Court where? In Court Parentage at Birth formed? Yes d paternity? Yes	LastScSc	State State Per? Yes No Tyes, please state who Untary Acknowledgen No	Suffix ere and nent

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA PART 3: NON-CUSTODIAL PARENT INFORMATION

	NON-CUSTOD	IAL PARENT ID	ENTIFYING I	INFORMATION	
Non-Custodial Parei	nt's name				
First	_ Middle	La	st	Suffix	
Maiden Name		Other names	used		
Date of Birth	Race	Sex	Social	Security #	
Relationship to you?	Spouse F	ormer Spouse	Other (spe	ecify)	
What is the separation					
Mailing Address: Is t				?	
Street:					
City	Cour	nty	State	Zip Code	
Physical Address: Is	this address c	urrent or la	ist known	?	
Street:		· · · · · · · · · · · · · · · · · · ·			
City	Cour	nty	State	Zip Code	
Home Phone:	Wor	k Phone:		·	
Birthplace:Cit	ty	County		State	
Height:	Weight:	Hair C	olor:	Eye Color:	
Identifying Marks:				<u> </u>	
Driver's License:	Number:		State:		
Vehicle Make/Model	/Year:				
License Plate: Numb					
l., . , , , , , , , , , , , , , , , , ,					
Father's name:		Addres	ie.		
Mother's name: (inc			Address		
Most recent Spouse	· -			•	
				e Date:	
iviamaye (Jale	Sep	aration/Divorc	Le Date	
	NON CUSTO	DIAL PARENT'S	S INCOME IN	IEOPMATION	
Employer's name an		DIAL FAREINI		Income	
Linployer 5 maine an	iu audiess.		Lie	at all sources in monthly gross amounts	
					
			Ψ		
					
			• • • • • • • • • • • • • • • • • • • •		
			. 6	 Total	
			\$	i otai	
le the cheent nevent	a alf amplaye	do Voc. No			
Is the absent parent				arnment Agency 2Ves No	
			euerai Gove	ernment Agency?Yes No	
ii yes, name	e of the agency	<u> </u>			
Fadaval Danasita 2 V	Ni-	lf ala ada ad	1 11	average Van Na	
Federal Benefits? You				oyment? Yes No	
that apply: Social Sec	curity VA _	Kaliroad	Other In	icome: Please list source and amt:	
Retirement Civil					
Military Retirer	ment Other	•			

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA PART 4: NON-CUSTODIAL PARENT INFORMATION

NON-CUSTO	DIAL PARENT MILITARY AND ARREST RECORD
Military Service? Yes No	o If yes, what branch?
Active duty Reserve _	Separated AWOL Unknown
Last know duty station:	No
Currently in prison/jail? Yes_	No
Prison/Jail Name	City State
Prior Arrest Record: Yes	No If yes, when and where?
Offense:	Convicted?: Yes No Conviction Type: Felony
Misdemeanor	No If yes, when and where? Convicted?: Yes No Conviction Type: Felony Date of Conviction?
Is the non-custodial parent on	probation/parole? Yes No Where?
Name of Probation/Parole Office	er:
	SUPPORT ORDER INFORMATION
Do you already receive suppor	
If yes, do you have a Court Orde	er or a Voluntary Agreement to Support? (check one)
	oort Medical Support Spousal/Alimony
	ne) to the Clerk of Court Directly to You
to Centralized Collections	to
Court docket #	to Order Effective Date County/State
	per Amount of past due support
	/agreement
You will need to provide a cop	by of the Support Order or Voluntary Support Agreement
to the Moore County	y Child Support Enforcement Agency.

Use this space to tell us any additional information you think will help us get support for you.